



Indiana Fathers & Families
Request for Funding Application
2004-2005

Administered by
Indiana Family & Social Services Administration
Division of Family Resources
Bureau of Family Resources



REQUEST FOR FUNDS APPLICATION CHECKLIST

The following is a checklist for the sections contained within this Request for Funding Application (RFA). Please review the list and check to determine if all sections are included in the package. If the solicitation package is not complete, please contact the Help Desk at (317) 232-4924 for a replacement package. In addition, a copy of the Request for Proposal Application may be obtained at the following web-site address www.in.gov/fssa/fathers/ or at the IMPACT Office located in Room W363 of the Indiana Government Center South.

* If this application was obtained via the Internet or third party, applicant organizations are responsible for verifying receipt of a complete solicitation package. Indiana Fathers & Families cannot be held responsible for incomplete proposals due to missing sections in the solicitation package.

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- Specific Instructions for Completing Narrative Application
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Indiana Fathers & Families
Request for Funding Proposal for 2005

Release Date: April 15, 2004

The Indiana Family and Social Service Administration (FSSA) is pleased to provide you with the Fathers & Families Request for Funds Application (RFA) for funding to support our efforts to increase the emotional and financial involvement of custodial, non-custodial, and putative fathers* in the lives of their children. Our goal is to renew and strengthen families by initiating or expanding effective strategies to promote and restore fatherhood to the level of dignity and importance it deserves by engaging fathers more fully in the daily lives of their children.

FSSA is interested in partnering with organizations and agencies to advance fatherhood programs that address locally determined priorities and needs of non-custodial fathers. Proposals exhibiting thoughtful collaboration and integration of existing services will be valued.

***Custodial party** – the party to whom care, control and maintenance of a child has been awarded by a court as in a divorce, paternity or separation proceeding.

***Non-custodial party** – the party to whom care, control and maintenance of a child has been removed by a court as in a divorce, paternity or separation proceeding.

***Putative father** – alleged or reputed father of a child born out-of-wedlock.

Men who are putative fathers of unborn children are not considered “fathers” under this grant, nor are parents of intact families.

II. Background

Nationally, an increasing number of children grow up without the active involvement of their fathers, and too many children in Indiana grow up without a father in the home. There is evidence that children who grow up without the active involvement of their fathers are at higher risk of being poor, dropping out of high school, ending up in a juvenile facility or becoming a teenage parent. There is an increasing body of research emphasizing the important role fathers can play in the cognitive, emotional and social development of their sons and daughters.

Traditionally, social services have focused primarily on mothers and children. Recently, FSSA has taken an active role in providing community-based organizations with the resources they need to assist non-custodial fathers in becoming more engaged in their children's lives. Since 1997, with support from the U.S. Department of Health and Human Services, FSSA has provided funding through the Indiana Restoring Fatherhood Initiative and Access and Visitation grants to provide services to these fathers. In 2000, the Indiana Fathers & Families Initiative was launched to combine these grant programs into one initiative which maximizes available resources to help communities help non-custodial fathers improve their children's lives by increasing child support collections and encouraging social and emotional as well as financial involvement.

The Indiana Fathers & Families Initiative seeks to fund intensive services to fathers that will enhance and increase their everyday involvement in the lives of their children and result in observable outcomes for participants. Although the whole family is an important part of this process, **the primary focus of this initiative is on strengthening the non-custodial father's role in the family.**

Programs found to be the most successful, include the following:

- Group sessions stressing the importance of the emotional **and** financial involvement of non-custodial fathers in the daily lives.
- Case management to resolve individual barriers to engagement.
- Co-parenting sessions involving custodial and non-custodial parents to assist in resolving issues impacting the father's access to, and relationship with, his child(ren).
- Education and training in age-appropriate activities, discipline, and social behaviors to assist the non-custodial parent in becoming a productive member of the family.
- Support groups to advance fatherhood with participants who have encountered situations similar to one another.
- Collaboration with IV-D prosecutors and local attorneys for information on visitation issues, the non-custodial father's rights and responsibilities, and the importance of meeting child support obligations.
- Employment assistance to increase child support collections through collaboration with the Department of Workforce Development, local employers, and Vocational Rehabilitation.

III. Proposed Measurable Outcomes or Goals of the Initiative

Successful applications describing innovative and efficient programming should focus on one or more of the following goals to:

Primary Goals:

1. Increase fathers' **involvement** with their children
2. Increase fathers' **parenting skills**
3. Improve **co-parenting relationships**
4. Increase **paternity establishment**
5. Increase **child support collections**

Secondary Goals:

6. Increase **high school graduation/GED attainment**
7. Decrease **out-of-wedlock pregnancies**
8. Improve fathers' **work maturity skills**

IV. Available Funding

Grants will range from \$15,000 to \$50,000. Organizations with both new and existing fatherhood programs are eligible to apply. The number of grantees will be determined by the quality of applications and available funds.

Funding will be for the delivery of services only. The Fathers & Families funding effort does not allow for program development reimbursement. Efforts will be made to address the needs of the regions throughout the state of Indiana.

V. Timetable

Solicitation announcement	April 15, 2004
Deadline for submission of Request for Funds Applications	<i>Proposals are due May 14, 2004 by 4 pm EST in the FSSA office.</i>
Estimated date of notification mailing to recipients	June 7, 2004
Contract period of work	August 1, 2004 to June 30, 2005

Participant Selection

The RFA requires the proposal to exhibit strong evidence of close community collaboration when identifying the participants for the proposed project and providing program efficiency. Program participant's eligibility should be determined utilizing the following:

- Income level of families up to 250% of the Federal Poverty Level (FPL) for TANF awards
- Custodial, non-custodial parents, and putative fathers
- Residents of Indiana

Preference will be given to programs that plan for innovative and successful client recruitment and retention.

VI. Applicant Eligibility/Qualification Requirements

Funding will be offered to public, private, and non-profit organizations (including faith-based entities) and agencies that meet the following criteria:

- Credibility of the applicant agency or organization among the target population.
- Demonstrated ability to understand the dynamics of successful fatherhood programs.
- Presentation of a credible and practical plan to foster a father's emotional connection to, and financial support of, his children.
- In good standing with Indiana Secretary of State.

* It is recommended that applicants include examples of their collaborations with other community-based organizations that demonstrate community support and adequate services to the fathers.

VII. Contract Specifications and Reimbursement Methodology

All contracts will be unit priced with performance-based outcomes. Payments will be made upon successful implementation and completion of outcome/payment points listed on the Special Conditions of the approved Attachment A (provide an example of your proposed outcomes for each goal selected on the simplified Attachment A, Form 5).

VIII. Inquiries/Additional Information

All inquiries regarding this application must be submitted in writing via mail, fax, or the Internet via e-mail (**no telephone inquiries will be accepted**). Responses will be posted on the Bulletin Board of the Indiana Fathers & Families web site by April 30, 2004. Submit inquiries to:

Indiana Fathers & Families Initiative
 FSSA/Bureau of Family Resources MS-10
 402 West Washington Street, Room W363
 Indianapolis, Indiana 46204
 Telephone: (317) 232-4924
 Fax: (317) 232-4615
 Email: IMPACT@fssa.state.in.us
 Web site: www.in.gov/fssa/fathers/

Please note that the proposed scoring of the proposals will carry the same weight in each of the 10 areas as last year:

Section 1: Executive Summary (plus Form 1)	5 points
Section 2: Applicant Organization	5 points
Section 3. Statement of Need	10 points
Section 4. Proposed Service Plan (plus Forms 2 and 3)	25 points
Section 5: Evaluation Plan/Reporting/Record keeping	10 points
Section 6: Staff	10 points
Section 7: Program Budget for Contract Period (plus Form 4)	10 points
Section 8: Program Continuation Plan	5 points
Section 9: Endorsements and Collaborations	10 points
Section 10: Demonstrated Organizational Experience	10 points

APPLICATION INSTRUCTIONS

Following are **INSTRUCTIONS** for completing the Request for Funds Application to secure funding to support the Indiana Fathers & Families Initiative. The instructions must be followed, including the format and length of proposal, or an applicant's proposal will be deemed unacceptable and will be automatically disqualified for funding consideration.

FORMAT

Applications must be single spaced, printed on one side only, on 8 ½" x 11" paper, and cannot exceed thirty (30) pages including forms and attachments. All pages should be numbered sequentially with forms placed in the order listed below. Please identify the applicant organization name at the top of each page of the application. All copies of the application must be submitted bound only by a staple. DO NOT include photographs, oversized documents, video or audiotapes, or materials that cannot be photocopied. A copy of the completed application should be retained by the applicant organization, for reference purposes. Application materials should be submitted in the following order:

Form 1. Application Cover Sheet

Application Narrative (numbered sequentially)

- Section 1: Executive Summary
- Section 2: Applicant Organization
- Section 3: Statement of Need
- Section 4: Proposed Service Plan (plus Forms 2 and 3)
- Section 5: Evaluation Plan/Reporting/Record Keeping
- Section 6: Staff
- Section 7: Program Budget for Contract Period (plus Form 4)
- Section 8: Program Continuation Plan
- Section 9: Endorsements and Collaborations
- Section 10: Demonstrated Organizational Experience

1. **Form 2.** Proposed Measurable Outcomes/Goals
2. **Form 3.** Proposed Service Plan
3. **Form 4.** Program Budget for Contract Period
4. **Form 5.** Simplified Attachment A with proposed Special Conditions
5. **Attachment A:** Staff Background Pages
6. **Attachment B:** Endorsement and Collaboration Letters of Agreement

UNACCEPTABLE APPLICATIONS

An application will be deemed unacceptable if it is received after 4:00 p.m. EST May 15, 2004 in the offices of Indiana Fathers & Families (see "Mailing Instructions" on page 6), or is incomplete, illegible, not prepared according to the instructions, or insufficient to permit an adequate review.

MAILING/DELIVERY INSTRUCTIONS

Submit one (1) original and four (4) copies of the application and all necessary attachments. These should be delivered to the following address:

Indiana Fathers & Families Initiative
FSSA/Bureau of Family Resources MS -10
402 West Washington Street, Room W363
Indianapolis, Indiana 46204
Telephone: (317) 232-4924

Applications must be received in the office of Indiana Fathers & Families by 4:00 p.m. EST, May 14, 2004. Faxed applications will not be accepted. Please note: An application postmarked by the due date, but received after Friday, May 14, 2004 will not be accepted.

SELECTION PROCESS AND EVALUATION CRITERIA

Applications will be reviewed by a team of qualified representatives of the Indiana Family and Social Services Administration, other state agencies, and non-bidding not-for-profit organizations. A point system will be utilized to score each application based on the importance of each section of the application with the highest scoring and strongest proposals being awarded funding. The point value for each section based on their relative importance follows:

Section 1: Executive Summary (plus Form 1)	5 points
Section 2: Applicant Organization	5 points
Section 3: Statement of Need	10 points
Section 4: Proposed Service Plan (plus Forms 2 and 3)	25 points
Section 5: Evaluation Plan/Reporting/Record keeping	10 points
Section 6: Staff	10 points
Section 7: Program Budget for Contract Period (plus Form 4)	10 points
Section 8: Program Continuation Plan	5 points
Section 9: Endorsements and Collaborations	10 points
Section 10: Demonstrated Organizational Experience	10 points

SPECIFIC INSTRUCTIONS FOR COMPLETING NARRATIVE APPLICATION

For evaluation purposes, it is imperative that each application include the information requested below in the order listed using each Section Name as a heading. Note that each section listed below has a point total in reference to its importance in the application evaluation process.

Please provide the following information.

Section 1: Executive Summary (1 page maximum plus Form 1) – 5 points

Provide a brief summary of the newly proposed program or program continuance/expansion. At a minimum, the Executive Summary is to include the following:

- The applicant organization's name, location, and proposed service area(s)
- Name of proposed program
- Summary listing of proposed performance-based outcomes with overview of service plan
- Funding amount requested

* If a contract is awarded, please note that this one-page Executive Summary may be used as a stand-alone document to describe the program for public information purposes.

Section 2: Applicant Organization (1 page maximum) – 5 points

Describe the applicant organization. Include the following:

- The organization's statement of purpose.
- A brief organization history of related experience working with social services and issues related to fatherhood.
- An explanation of how the program will be implemented within the structure of the applicant organization.
- A statement that provides documentation of the applicant organization's credibility among the target population.
- A brief description of partner organization(s) (if applicable).

Section 3: Statement of Need (1 page maximum) – 10 points

Describe the specific problem or need related to fatherhood to be addressed by the program. This section represents the reason for the application and should:

- Be supported by evidence such as statistical data, and/or surveys of community leaders, parents and youth regarding fatherhood issues as a community priority.
- Describe target population(s).

Section 4: Proposed Service Plan (2 pages maximum plus Forms 2 and 3) – 25 points

The Proposed Service Plan defines the types of services to be offered to achieve the stated goals of the program. For each measurable outcome or goal, at least one service component must be provided as well as the target population for the service, and the measurable outcome to be attained. The proposed measurable outcome will be incorporated into the Special Conditions of the Simplified Attachment A (Form 5) under **Component Code**.* The method or tools that will be used to document whether the goal was met (Form 3) will be provided in the **Component Description** and also incorporated into Form 5. Service components and target populations should be described in detail on Form 3; for instance, specify if fathers are from the community or incarcerated fathers.

There must be at least one measurable or quantifiable outcome for each stated goal which ties directly to the goal. For example, Goal 1 will document the **parent's increased involvement with his/her children**. The expected measurable outcome(s) and the tools and methods for achieving them are to be explained in the **Component Description**. For example, **a pre- and post assessment will demonstrate an increase in the number, frequency and kinds of parent-child interactions occurring between the onset and end of services**. Describe the kinds of activities to be offered and how parent will demonstrate ability to implement on a regular basis.

At a minimum, an initial **intake assessment** identifying each client at the beginning of the program should collect information about the ages of the children, their health and grade in school, father's current relationship with co-parent, current parent-child interaction (how often and what kind), visitation restrictions, if any, and parent's level of education and work history, paternity establishment, and/or court-ordered child support, etc. It should also seek client's input regarding his reason for participating in the program, a description of any prior services received, major issues or barriers hindering parent-child and co-parenting interaction. In addition to the initial assessment, Attachment C, "The Parenting Dimension Inventory," may be helpful in developing the **Individual Service Plan (IDP)**.

**See Attachment A for the 2005 Service and Component Codes and guides for Component Descriptions.*

Section 5: Evaluation Plan/Reporting/Record keeping (1 page maximum) – 10 points

Summarize the methods of measuring the achievement of the stated goals. Indicate the intended results related to the proposed service components such as number of fathers who attended parenting education sessions, number of training programs or workshops

provided, information and contents of discussions during each contact with a client, data to be collected during the program contract period, and the person responsible for data collection and reporting.

The report should contain data on the number of fathers who have established paternity, the number now paying child support, the number who found employment or improved their educational or work skills, etc. Although the tools or methods employed to measure outcomes may differ by provider, the expected change or outcome must be documented as described in the component in the “approved” Special Conditions of the Attachment A of your executed agreement.

Identify the methodology for reporting progress to FSSA. Submission of data in a final report is a requirement for funding recipients. FSSA has final approval of the data collection methodology, reporting schedule and reporting requirements. The Evaluation Plan results are subject to review including on-site inspection by the State or its appointed contractors. On-site monitoring visits will occur at least once during the contract period to observe program activities, review the Evaluation Plan, and examine selected case files.

Other reporting and record keeping requirements include identifying information for all participants and maintaining individual case files. Identifying information that must be collected and provided for each participant includes name, address, date of birth, race or ethnicity, county of residence, and Social Security Number.

Case files must include the initial assessment (see above), contact notes including content of case management and counseling sessions as well as other interactions with staff and other professionals, documentation of referrals to the fatherhood program, documentation of referrals to other agencies with follow-up, and progress toward achieving the participant’s program goals as indicated by the initial assessment or Individual Development Plan and an exit evaluation. Attendance records must be maintained in the case file for all activities in which client was engaged with completion dates for billing purposes.

Section 6: Staff (1 page maximum plus attachments) – 10 points

Describe the relevant experience, training, and education of the program staff, consultants, and volunteers that will enable them to successfully develop, implement, and evaluate the proposed program. A curriculum vitae, resume, or biographical sketch for key personnel may be submitted as an attachment. Specific individuals must be identified; job descriptions alone are not acceptable.

Section 7: Program Budget for Contract Period (1 page maximum plus Form 4) – 10 points

The budget is an estimate of what the proposed program will cost. Provide an estimate and justification of the program costs for each of the categories listed on Form 4. The

applicant's program budget must show a direct correlation to the programs' outcomes and process objectives. Complete the attached Form 4, "Program Budget for Contract Period". Substitution of this form with another is not acceptable.

Allowable activities utilizing this funding include:

- Parent and Child Activities
- Parenting Education
- Co-parenting education
- Individual Case Management
- Supervised Visitation or Legal Advocacy
- Counseling
- General Education or Employment Assistance (Work Maturity Skills)
- Community Resources and Public Education Awareness

Please note: proposed services may not include direct cash assistance to participants.

Section 8: Program Continuation Plan (1/2 page maximum) – 5 points

Describe efforts for continuation of the program after the contract period has ended including self-sufficiency beyond this initial funding.

Section 9: Endorsements and Collaboration Letters of Agreement (attachments) – 10 points

Provide letters of agreement [two (2) minimum, five (5) maximum] that describe the collaborations that will occur between the program and other community organizations. Examples of likely partners may include the Division of Family and Children, County Prosecutor's Office, court systems, hospitals, shelters, faith-based organizations, and youth-serving organizations. Letters of endorsement may be from partners or independent third parties that will attest to the past successes or current abilities relevant of the applicant's organization to the delivery of the proposed program of the applicant's organization.

Section 10: Demonstrated Organizational Experience (1 page maximum) – 10 points

Describe the applicant organization's past experience in providing services related to fatherhood issues. Also indicate the funding source(s) for these services, with the approximate portion of the budget funded through each source. Describe the organization's ability to achieve observable outcomes for participants in these services and what those outcomes were.

SPECIFIC INSTRUCTIONS FOR COMPLETING FORMS 1 - 5

GENERAL DESCRIPTION

Specific Instructions for completing Form 1 - “Funding Application Cover Sheet”

- Item 1.** **Title of Program:** List proposed program name.
- Item 2a.** **Name of Principal Contact for Application:** Name the person designated from applicant organization as the principal contact regarding this proposal.
- Item 2b.** **Position Title:** Indicate the title of contact person listed in 2a.
- Item 2c.** **Telephone Number, Extension, and Fax:** Identify this information for contact person listed in 2a.
- Item 2d.** **Mailing Address:** Identify mailing address of contact person listed in 2a.
- Item 2e.** **Web Site Address and E-mail Address:** Identify web site address of applicant organization and e-mail address of contact person listed in 2a. If not available please mark *N/A*.
- Item 3.** **Application Will Fund:** Check one box.
- Item 4.** **Geographic Area of Major Impact:** Name the cities and/or counties that this program will impact.
- Item 5a.** **Budget Period:** Covers one (1) year (Already Noted)
- Item 5b.** **Estimated Number of Individuals To Be Served:** Record the number of individuals/fathers that are expected to be served.
- Item 6.** **Funds Requested:** Fill in the total cost of program, the portion of this total cost received from other sources, and the portion of this total amount of funds requested from FSSA for this specific program.
- Item 7.** **Applicant Organization:** Provide the name and address of the organization that will be legally responsible for the proposed program and the name of the person authorized to make legal and contractual agreements on behalf of the organization.
- Item 8.** **Type of Organization:** Check the appropriate box
- Item 9.** **Federal I.D. Number:** Enter the organization’s Internal Revenue Service employer identification number.
- Item 10.** **Standing with Secretary of State:** Indicate whether the organization is in good standing with the Indiana Secretary of State (indicate Not Applicable if the organization is a governmental entity).
- Item 11.** **Official Custodian of Fund:** Provide the name and telephone number of the applicant organization’s controller, treasurer, or auditor.
- Item 12.** **Signature of Principal/Program Director:** Self-explanatory.
- Item 13.** **Signature of Authorized Person Identified in Item 7.**

** This completed form must be utilized as the cover sheet for the application.*

Specific Instructions for Completing Form 2 -
“Proposed Measurable Outcomes or Goals”

Program Name: List proposed program name.

Checklist:

Identify which specific Proposed Measurable Outcomes the program will address by placing a checkmark next to the goal. At least one primary goal must be checked.

Specific Instructions for Completing Form 3 – “Proposed Service Plan”

Program Title: Name of Program

Goal: Select the appropriate number for the Measurable Outcome (Goal) to be achieved from the following (1 – 5 are primary goals and 6 – 8 are secondary goals):

1. Increase fathers’ **involvement with their children**
2. Increase fathers’ **parenting skills**
3. Improve **co-parenting relationships**
4. Increase **paternity establishment**
5. Increase **child support collections**

6. Increase high school graduation rate/GED attainment
7. Decrease out-of-wedlock pregnancies
8. Improve fathers’ work maturity skills

Some of the primary goals above may have more than one **Component Code** associated with a **Component Description** and some **Component Codes** may not be directly associated with a primary or secondary goal (Measurable Outcome). For example, the **Component Code** for the Assessment is 3.AS (3 denotes Service Code 0003 and .AS defines the service) and is applicable to the initial identification and assessment at intake which will determine the services to be provided to meet the eight (8) goals above. The **Component Description** will identify the kind of data to be collected via the assessment. Similarly, the Component Code for the Individual Service Plan is 3.IDP. The Component Description will state the outcome as the “Development of an Individual Service Plan as determined by an initial assessment.”

NOTE: Attachment A contains proposed Service and Component Codes for 2004 - 2005 Grants.

The **Component Description** is associated with the Measurable Outcome or Goal (**Component Code**) and should be a quantifiable measure of success for achieving the goal (performance-based). It should specify the methods, activities and services that will lead to the attainment of the goal (classroom instruction, role-playing, professional presentations, testing, etc.). For example, the **Component Description** for Goal 2 might be “Fathers will demonstrate their ability to apply a minimum of four (4) newly acquired skills through role playing, observation by staff of hands on application, and/or self-reporting.” Self-reporting is to be used sparingly and only to support classroom observation when there is no opportunity to observe the actual application of skills.

Target Population(s): Describe the target populations(s) for the stated service. Distinguish between fathers in the community and incarcerated fathers and custodial and non-custodial parents.

Specific Instructions for completing Form 4 - "Program Budget For Contract Period"

Program Name: Indicate proposed program name.

Budget Period: Already completed.

Personnel – Wages: Include the total compensation expected to be paid to those dedicated to the program for the contract period. Also include the compensation that will be allocated for those expected to spend only a portion of their time working on the project.

Personnel fringes including employer paid taxes: Include the other costs incurred by the organization correlating to the Personnel – Wages paid as identified above. These costs will include employer's portion of Social Security and Medicare Tax, health insurance, etc. as applicable.

Sub-Contractor/Consultant Fees: Include the cost of sub-contracted services or consultant fees directly related to the implementation of the program.

Supplies and Postage: Include cost of Supplies and Postage expected to be incurred in direct connection to the program.

Equipment: Include the cost of any equipment expected to be needed for execution of the program. Please note that this equipment is subject to being relinquished to the State of Indiana at the end of the program.

In-State Travel Costs: Include the cost of all program related in-state travel. Reminder, the Organization must adhere to State of Indiana travel policy guidelines.

Out-of-State Travel Costs: Include the cost of all program related out-of-state travel costs. These costs are also subject to State of Indiana travel policy guidelines.

Other Direct Services and Expenses (Describe: _____): Include those costs not classifiable elsewhere on Form 4 that can be directly attributable to this program, describe.

Allocated Costs – Facilities: Include overhead-related costs associated with the organization's facilities that are allocable to this program. These costs include rent, utilities, etc.

Allocated Costs – Other (Describe _____): Include any other indirect costs that will be allocated to this program and describe the cost.

Total Cost of Program: Self explanatory

Specific Instructions for completing Form 5

“Simplified Attachment A with Component Descriptions”

All Indiana Fathers & Families contracts will contain performance-based outcomes, service components, and payment points. An approved Attachment A with Special Conditions will be part of the Fathers & Families contract. The unit cost for each component will be assigned by FSSA and loaded into the Contract Management System (CMS) through which all claims must be entered and paid. Therefore, it is recommended that applicants have Windows NT, Windows 2000 or Windows XP in order to utilize CMS.

SUMMARY OF OUTCOMES AND PAYMENT POINTS

PROCESS OBJECTIVE: Describe primary and secondary goals of the program, target population(s), types of curricula, number of class cycles or sessions anticipated, etc.

SERVICE CODE: 0005 BASIC EDUCATION

Component Code: .5 Increased Parenting Skills

Component Description: **Parenting Skills Training** (Name the service component initially) and then describe the tasks, services, activities that will be provided to achieve the outcome. For example, four one-hour weekly workshops with pre- and post assessment of skill levels. Fathers must demonstrate ability to implement 5 of 7 age appropriate discipline skills through role playing and/or hands on application with child. Workshop content to include, but not limited to, social and emotional growth, health and nutrition, developmental stages, age appropriate discipline, and positive reinforcement. Workshop content with attendance documented in case file.

Unit Cost: Leave blank—to be assigned

Attachment A contains a list of Fathers and Families 2005 Service and Component Codes. Even though some of the outcomes incorporate specific requirements, you should still describe how your program intends to achieve the goal. Also, Unit Costs that are listed are the maximum allowable for that outcome.

INDIANA FATHERS & FAMILIES FUNDING APPLICATION COVER SHEET

Follow Instructions Carefully

FORM 1

1. Title of Program	
2a. Name of Principal Contact for Application	
2b. Position Title for Principal Contact	2c. Telephone Number and Fax of Principal Contact
2d. Mailing Address of Principal Contact	2e. Web site address and E-mail address (if applicable)
3. Application Will Fund <input type="checkbox"/> New Program <input type="checkbox"/> Existing Program	4. Geographic Area of Major Impact (Cities or Counties)
5a. Budget Period: <p align="center">From <u>July 1, 2003</u> through <u>June 30, 2004</u></p>	
5b. Estimate number of individuals to be served: <p align="center">-</p>	
6. Amount Requested (must correspond to Form 4 and 5) \$ _____ Total Program Cost \$ _____ Funds From Other Sources \$ _____ Total Amount Requested from FSSA	
7. Applicant Organization Name of Organization: _____ Organization Address (Street, city, State and Zip Code): _____ Person authorized to make legal and contractual agreements: _____	
8. Type of Organization (may check more than one, if applicable) <input type="checkbox"/> For-Profit Corporation <input type="checkbox"/> Not-for-profit Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Governmental Entity <input type="checkbox"/> <input type="checkbox"/> Faith-based <input type="checkbox"/> School Corporation <input type="checkbox"/> Other	9. Federal ID Number
10. Is the applicant organization in good standing with the Indiana Secretary of State? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (governmental entity, including school corporation)	
11. Official Custodian of Funds Name: _____ Phone: _____	
12. Signature of Principal Program Director _____ Assurance: I agree to accept responsibility for the conduct of the project and to provide the required progress reports if a contract is awarded as a result of this application.	13. Signature of Person in 7. Date _____ _____

INDIANA FATHERS & FAMILIES - Proposed Measurable Outcomes or Goals

Program Name: _____

Please indicate which of the following measurable outcomes or goals the proposed program will address:

Primary Goals (at least one must be checked)

- _____ 1. Increase fathers' **involvement with their children**
- _____ 2. Increase fathers' **parenting skills**
- _____ 3. Improve **co-parenting relationships**
- _____ 4. Increase **paternity establishment**
- _____ 5. Increase **child support collections**

Secondary Goals

- _____ 6. Increase high school graduation rate/GED attainment
- _____ 7. Decrease out-of-wedlock pregnancies
- _____ 8. Improve fathers' work maturity skills

SAMPLE SERVICE PLAN

Program Title:

Choose your proposed Measurable Outcomes from primary goals 1 through 5 and/or secondary goals 6 through 8, and/or additional measurable outcomes from the Attachment A.

Measurable Outcome or Goal: (2) Increase fathers' parenting skills (See Attachment A for appropriate Component Code)

Target Population(s): Fathers from the community

Component Description: Parenting Education to increase father's parenting skills: Participants will complete one session of eight (8) one-hour parenting classes including, but not limited to, age appropriate discipline methods, social-emotional and mental developmental stages, nutrition and health, and working with the school system. Participants will demonstrate their ability to apply five of seven newly acquired parenting skills through role playing and/or observation by staff of hands on application or self-reporting. Pre- and post-test to be administered at the beginning and completion of session to assess participant's knowledge and understanding of concepts presented in the classes.

PROPOSED SERVICE PLAN

Measurable Outcome/**Component Code** (from Attachment A): _____

Target Population(s): _____

Component Description (Services): _____

Measurable Outcome/**Component Code:** _____

Target Population(s): _____

Component Description (Services): _____

Measurable Outcome/**Component Code:** _____

Target Population(s): _____

Component Description (Services): _____

Measurable Outcome/**Component Code:** _____

Target Population(s): _____

Component Description (Services): _____

Measurable Outcome/**Component Code:** _____

Target Population(s): _____

Component Description (Services): _____

Measurable Outcome/**Component Code:** _____

Target Population(s): _____

Component Description (Services): _____

Measurable Outcome/**Component Code:** _____

Target Population(s): _____

Component Description (Services): _____

Attach additional sheets OR complete simplified Attachment A – Form 5

**INDIANA FATHERS & FAMILIES
PROGRAM BUDGET FOR CONTRACT PERIOD**

Program Name: _____

Budget Period: August 1, 2004 through June 30, 2005

EXPENSE LINE ITEMS	Column A Total Program Costs	Column B Funds from other Sources	Column C FSSA Requested Funds
Personnel – Wages			
Personnel fringes including employer paid taxes			
Sub-Contractor/Consultant Fees (If applicable)			
Supplies and Postage			
Equipment			
In-State Travel Costs *			
Out-of-State Travel Costs *			
Other Direct Services and Expenses (Describe: _____)			
Allocated Costs - Facilities			
Allocated Cost - Other (Describe: _____)			
Total Cost of Program			

- *Subject to State of Indiana travel guidelines and limitations*

**SIMPLIFIED ATTACHMENT A
WITH COMPONENT DESCRIPTIONS**

SUMMARY OF OUTCOMES/PAYMENT POINTS

Program Title:

Total Amount Requested by Applicant: \$ _____

Agreement # (if known):

PROCESS OBJECTIVE:

*Note: From the total available outcomes listed below, **choose the Services and Outcomes applicable to your program goals by placing a check mark in the space provided beside the Component Code.** Outcomes and payment points (marked with an asterisk*) are contained on the Attachment A and have already been transferred to this form for your convenience. Services with "Component Descriptions" that are blank, or partially blank, are to be completed by summarizing the services described on your "Sample Service Plan." For others, the Attachment A provides suggestions which may be tailored to meet the proposed measurable outcomes of your specific program.*



SERVICE CODE: 0003 ASSESSMENT

_____ Component Code: .AS*

Component Description: Initial Assessment: Father identified as non-custodial, custodial, or putative. Face-to-face assessment to include number and ages of children, current level of father-child interaction (type and frequency), current relationship with co-parent, educational level of all family members, work and child support history of father, barriers to interaction with child and family, past services and outcome, and reason for seeking additional services. (Gather any additional pertinent information that will enhance delivery of services.)

Unit Cost: \$50 maximum per client per assessment

_____ Component Code: .IDP*

Component Description: Individual Service Plan: Services to be determined by initial assessment. For reporting and program evaluation purposes, the IDP should be reviewed at completion of program to determine if goals were reached. Copy in case file signed by participant.

Unit Cost: \$50 maximum per client one time only

SERVICE CODE 0005 BASIC EDUCATION

_____ Component Code: .1

Component Description: Increased Involvement of non-custodial father with Child(ren)
(See Attachment A for service suggestions and requirements.)

Unit Cost: \$100 maximum per client

_____ Component Code: .1-2

Component Description: Increased Involvement of non-custodial father with Child(ren)
(See Attachment A for service suggestions and requirements.)

Unit Cost: \$250 maximum per client

_____ Component Code: .5

Component Description: Increased Parenting Skills C-1 (Must document non-custodial or putative father's ability to apply or implement at least four (4) newly acquired skills. (See Attachment A for service suggestions.)

Unit Cost: (To be assigned)

_____ Component Code: .5-2

Component Description: Increased Parenting Skills C-2-- Document father's ability to understand, apply and implement at least six (6) newly acquired skills. (See Attachment A)

Unit Cost: (To be assigned)

_____ Component Code: .PEP

Component Description: Partial Completion of Parenting Education (See Attachment A)

Unit Cost: (To be assigned)

_____ Component Code .PEP-2

Component Description: Completion of Parenting Education (See Attachment A)

Unit Cost: (To be assigned)

_____ Component Code .6

Component Description: Improving Co-Parenting Relations (See Attachment A)

Unit Cost: (To be assigned)

_____ Component Code: .PG*

Component Description: GED attainment or high school graduation documented with services provided in case file that enabled client to reach the goal.

Unit Cost: \$50 maximum per client

_____ Component Code: .PP

Component Description: Pregnancy Prevention Workshop to decrease out-of-wedlock pregnancies (See Attachment A)

Unit Cost: (To be assigned)

SERVICE CODE 0006 JOB READINESS

_____ Component Code: .02

Component Description: Work Maturity Skills or Employment Assistance (See Attachment A for service suggestions.)

Unit Cost: \$40 per hour with three (3) hour limit per client

SERVICE CODE 0007 MISCELLANEOUS

_____ Component Code: .01*

Component Description: Support Group Meetings for participants with issues relating to fatherhood and personal growth willing to share experiences and successes/failures with parents with similar concerns. May be open to co-parents of participating fathers. Staff member in attendance. Notes on content of discussions and client attendance records in case files. Limited to six (6) group meetings per participant at \$20 per meeting.

Unit Cost: \$20 per session with six (6) session limit per person

SERVICE CODE 0008 CASE MANAGEMENT

_____ Component Code: .2*

Component Description: Paternity Established with documentation in case file that father understands the legal obligations of the establishment of paternity and enforcement consequences.

Unit Cost: \$40 maximum per client per child

_____ Component Code: .3*

Component Description: Increased Child Support Collections billable upon documentation of **eight (8) consecutive weekly payments** of court-ordered child support equal to or greater than the court order. Father to provide proof through the Clerk's Office, or Prosecutor through ISETS, whichever is applicable.

Unit Cost: \$50 maximum per client/one time only per child

_____ Component Code: .3-2*

Component Description: Increased Child Support Collections billable upon documentation of **four (4) consecutive bi-weekly payments** of court-ordered child support equal to or greater than the court order. Father to provide proof through the Clerk's Office, or Prosecutor through ISETS, whichever is applicable.

Unit Cost: \$50 maximum per client/one time only per child

_____ Component Code: .6*

Component Description: Co-Parenting Plan developed, agreed upon, and signed by both parents with copy in case file. Payment upon documentation that plan is being followed and improving level of cooperation between parents after two (2) months of implementation. Initial assessment may be used as baseline for documenting improvement. Not to be used in conjunction with mediation.)

Unit Cost: \$100 maximum per client/one time only per co-parent

_____ Component Code: .CM*

Component Description: Individual Case Management (preferably face-to-face contact) with documentation of discussions, date, time, place of session, participants, and reason for contact. Limited to ten (10) hours per client and billable in increments of one-half hour at \$15 per half-hour.

Unit Cost: \$15 maximum per half-hour session or total contact time, if not face-to-face

_____ Component Code: .CO*

Component Description: Counseling Session Complete – Reserved for issues not amenable to group discussion. Documentation of content, date, time, place and participants in case file. Limited to ten (10) hours per client and billable in one-hour increments only.

Unit Cost: \$35 maximum per hour

_____ Component Code: .CR*

Component Description: Court Related Activity – Court papers compiled and filed; content of reports and testimony in case file. May include pro bono attorney referrals with documented access to attorney's services in case file. Billable per activity at not more than \$60 per activity. (List the activities you expect to provide)

Unit Cost: \$60 maximum per activity

_____ Component Code: .MD*

Component Description: Mediation Session – Negotiation of co-parenting issues relating to visitation, or other barriers to parent-child interaction. Documentation of session content, date, time, place and participants in case file. Billable in half-hour increments of \$25.

Unit Cost: \$25 maximum per half-hour

_____ Component Code: .SV*

Component Description: Supervised Visitation Session completed with notes in case file and the expectation of a decrease in supervised visits leading to an increase in open visitation. Billable in one-half hour increments of \$30 and limited to 20 hours per client.

Unit Cost: \$30 maximum per half-hour

ATTACHMENT A

FATHERS & FAMILIES 2005 SERVICE AND COMPONENT CODES

*Note: Components with an asterisk * have been assigned a maximum payment point for all providers and are non-negotiable. Components with classroom instruction, workshops, etc., will be assigned payment points according to the component description and proposed outcomes.*

SERVICE CODE 0003 ASSESSMENT

Component Code: .AS* - Assessment

Component Description: Father identified as non-custodial, custodial or putative. Face-to-face assessment to include number and ages of children, current level of father-child interaction (type and frequency), current relationship with co-parent, educational level of all family members, work and child support history of father, barriers to interaction with child and family, past services received and outcome, and reason for seeking additional services.

Unit Cost: \$50 maximum one time only per client

Component Code: .IDP* – Individual Development Plan

Component Description: Individual Development/Service Plan: Services determined by initial assessment. For reporting and program evaluation purposes, IDP should be reviewed at completion of services to determine if goals were attained. Copy in case file signed by participant.

Unit Cost: \$50 maximum one time only per client

SERVICE CODE 0005 BASIC EDUCATION

Component Code: .1* - Increased Involvement with Child

Component Description: Increased involvement with child(ren) payable when non-custodial father has documented increased communication/involvement with at least one child by a minimum of four (4) contacts within a month – (contacts may be in person, by phone, e-mail, letters, etc., and may be educational, recreational or social in nature). Current involvement determined by initial assessment and increased involvement by post assessment after two months enrollment. Documentation of services required to achieve the goal must be in case file.

Unit Cost: \$100 maximum per client

Component Code: .1-2* – Increased Involvement with Child

Component Description: Increased involvement of non-custodial father with at least one child by completing at least 6 out of 10 possible enrichment activities and/or other structured activities with fathers and their children. May include attending pre-school and/or school functions during and after hours, accompanying or taking child to medical appointment, providing emergency contact numbers, assisting in developing disciplinary processes and rewards for the child, and other forms of interaction including play and leisure time activities. All activities must be documented in case file and goal attainment determined by level of interaction at initial assessment.

Unit Cost: \$250 maximum per client

Component Code: .5 - Increased Parenting Skills (C-1)

Component Description: Curriculum 1 (for non-custodial fathers) - describe specific outcomes and methods or tools to be used and course content. Copies of pre- and post-tests or other assessment tools in case file along with attendance records. Documentation of ability to apply or implement at least four (4) newly acquired skills required.

Unit Cost: To be assigned

Component Code: .5-2 Increased Parenting Skills – C2

Component Description: Increased parenting skills - Curriculum 2 - document same as above. Must document ability to understand (pre- and post-test) and apply or implement at least six (6) newly acquired skills.

Unit Cost: To be assigned

Component Code: PEP – Partial Completion of Parenting Education

Component Description: Parenting Education Classes such as “It’s My Child, Too!” Document outcomes to be achieved and tools for accomplishing goal(s). Copies of all participant activities, tests/assessments, and attendance record in case file.

Unit Cost: To be assigned

Component Code: .PEP-2 Completion of Parenting Education

Component Description: Parenting Education Completed: Document outcomes to be achieved and tools for accomplishing goal. Copies of all participant activities and tests/assessments must be in case file.

Unit Cost: To be assigned

Component Code: .6 - Improve Co-Parenting Relationships

Component Description: Improve co-parenting relationships – (specify whether classroom instruction, support groups, case management, etc.) Topics to include, but not limited to, conflict resolution, anger management, barriers to child and family interaction, financial issues, scheduling coordination, working with child care providers and the school system, and other common issues relating to children. Specify measures that will document the expected improvement or changes at completion of goal as determined by the initial assessment or IDP. Limited to five (5) hours per client.

Unit Cost: To be assigned

Component Code: .PG* - Basic Education Outcome Payment

Component Description: GED attainment or high school graduation documented in case file with description of services provided that enabled client to reach the goal.

Unit Cost: \$50

Component Code: .PP - Pregnancy Prevention

Component Description: Decreasing out-of-wedlock pregnancies: Workshop(s) to include, but not limited to, emphasizing the importance of two parents to a child's emotional, social and mental well-being, the completion of the parents' education through at least high school/GED attainment, their ability to meet the family's financial obligations/needs, and the establishment of career goals and work history prior to fathering a child. Document increased knowledge and understanding of the goal with copies of pre- and post-assessments and attendance in case file.

Unit Cost: To be assigned

SERVICE CODE **0006** **JOB READINESS**

Component Code: .02 - Work Maturity Skills/Employment Assistance

Component Description: Increasing work maturity skills and providing employment assistance including, but not limited to, resume development, interview skills and follow-up, practice job application completion, career options, local job market opportunities, training needs, etc. Specify number of classes, or instructional hours, and activities. Instructional content and completed activities (resume, job application) must be documented with copies in case file. Limited to three (3) hours of billable services at \$40 per hour per client.

Unit Cost: \$40 maximum per hour per client

SERVICE CODE 0007 MISCELLANEOUS

Component Code: .01* - Social Services Plan Elements

Component Description: Support Groups for participants with issues relating to fatherhood and personal growth willing to share experiences and successes/failures with parents with similar concerns. May be open to co-parents of participating fathers. Staff member in attendance. Notes on content and client attendance in case files. Limited to six (6) sessions at \$20 per session per participant.

Unit Cost: \$20 maximum per session

SERVICE CODE 0008 CASE MANAGEMENT

Component Code: .2* - Paternity Establishment

Component Description: Paternity established and documented in case file. Documentation that father understands legal obligations of establishment of paternity and enforcement consequences in case file.

Unit Cost: \$40 maximum per client per child

Component Code: .3* - Increased Child Support Collections

Component Description: Billable upon documentation of **eight (8) consecutive weekly payments** of court-ordered child support equal to or greater than the court order. Father to provide proof from Clerk's Office, or Prosecutor through ISETS, whichever is applicable.

Unit Cost: \$50 maximum per client/one time only per child

Component Code: .3-2* Increased Child Support Collections

Component Description: Billable upon documentation of **four (4) consecutive bi-weekly payments** equal to or greater than the court order. Father must provide proof from Clerk's Office, or Prosecutor through ISETS, whichever is applicable.

Unit Cost: \$50 maximum per client/one time only per child

Component Code: .6* Improve Co-Parenting Relations

Component Description: Development of Plan for Co-Parenting agreed upon and signed by participants with copy in case file. Payment upon documentation that plan is being followed and improving level of cooperation between parents after two (2) months of implementation. (Not to be used in conjunction with mediation.)

Unit Cost: \$100 maximum per client/one time only per co-parent

Component Code: .CM* - Case Management

Component Description: Individual Case Management: Must document content of discussions and date, time, place of session, and participants. Limited to ten (10) one-hour sessions per client. Billable in one-half hour increments at \$15 per client.

Unit Cost: \$15 maximum per half-hour session

Component Code: .CO* - Individual Counseling Sessions

Component Description: Counseling Session Complete: Reserved for issues not amenable to group discussion. Documentation of content, date, time, place and participants in case file. Limited to ten (10) hours per client and billable in one-hour increments only at \$35..

Unit Cost: \$35 maximum per hour per client

Component Code: .CR* - Court Related Activity

Component Description: Court papers compiled and filed; content of reports and testimony in case files. May include pro bono attorney referral with documented access to attorney's services in case file. Billable per activity at no more than \$60 per activity. List proposed activities.

Unit Cost: \$60 maximum per activity per client

Component Code: .MD* - Mediation Session

Component Description: Negotiation of co-parenting issues relating to visitation, or other barriers to parent-child interaction. Documentation of session to include content, date, time, place, and participants in case file. Billable in half-hour increments of \$25. Limited to six (6) hours per client. (Not to be used in conjunction with ..6-Development of Co-Parenting Plan.)

Unit Cost: \$25 maximum per half-hour per client

Component Code: .SV* – Supervised Visitation

Component Description: Documentation of supervised visitation session completed with notes in case file and expectation of a decrease in supervised visits leading to and increase in open visitation. Billable in one-half hour increments. Limited to twenty (20) hours of visitation per client.

Unit Cost: \$30 maximum per half-hour per client

ATTACHMENT B

Please List and Describe Organizations and Programs Funded in 2004

The Parenting Dimension Inventory

(May be used in conjunction with Initial Assessment or development of IDP)

Answer the following questions about your relationship with your child over the last two months. If the question does not make sense to for your child, then circle DA for doesn't apply.

	<i>Not at all Descriptive of me 1</i>	<i>Slightly Descriptive of me 2</i>	<i>Somewhat Descriptive of me 3</i>	<i>Fairly Descriptive of me 4</i>	<i>Quite Descriptive of me 5</i>	<i>Highly Descriptive of me 6</i>	<i>Doesn't Apply to me DA</i>
	1	2	3	4	5	6	DA
1. I encourage my child to talk about his/her troubles.	1	2	3	3	5	6	DA
2. I always follow through on discipline for my child, no matter how long it takes.	1	2	3	4	5	6	DA
3. Sometimes it is so long between occurrence of a misbehavior and an opportunity for me to deal with it that I just let it go.	1	2	3	4	5	6	DA
4. I do not allow my child to get angry with me.	1	2	3	4	5	6	DA
5. There are times I just don't have the energy to make my child behave as he/she should.	1	2	3	4	5	6	DA
6. My child can often talk me into letting him/her off easier than I had intended.	1	2	3	4	5	6	DA
7. My child convinces me to change my mind after I have refused a request.	1	2	3	4	5	6	DA
8. I think a child should be encouraged to do things better than others.	1	2	3	4	5	6	DA
9. My child and I have warm intimate moments together.	1	2	3	4	5	6	DA
10. I encourage my child to be curious, to explore, and to questions things.	1	2	3	4	5	6	DA
11. I find it interesting and educational to be with my child for long periods.	1	2	3	4	5	6	DA
12. I don't think children should be given sexual information from their parents.	1	2	3	4	5	6	DA
13. I believe a child should be seen and not heard.	1	2	3	4	5	6	DA
14. I believe that parents who start a child talking about his/her worries don't realize that sometimes it is better to leave well enough alone.	1	2	3	4	5	6	DA
15. I encourage my child to express his/her opinions.	1	2	3	4	5	6	DA
16. I make sure my child knows that I appreciate what he/she tries to accomplish.	1	2	3	4	5	6	DA
17. I let my child know how ashamed and disappointed I am when he or she misbehaves.	1	2	3	4	5	6	DA

The Parenting Dimension Inventory (continued)

18. I believe in toilet training a child as soon as possible.	1	2	3	4	5	6	DA
19. I believe that most children change their minds so frequently that it is hard to take their opinions seriously.	1	2	3	4	5	6	DA
20. I have little or no difficulty sticking with my rules for my child even when close relatives are there.	1	2	3	4	5	6	DA
21. When I let my child talk about his/her troubles, he/she ends up complaining even more.	1	2	3	4	5	6	DA
22. I expect my child to be grateful and appreciate all the advantages he/she has.	1	2	3	4	5	6	DA
23. Once I decide how to deal with misbehavior of my child, I follow through on it.	1	2	3	4	5	6	DA
24. I respect my child's opinion and encourage him/her to express it.	1	2	3	4	5	6	DA
25. I never threaten my child with punishment unless I'm sure I will carry it out.	1	2	3	4	5	6	DA
26. I believe that once a family rule has been made, it should be strictly enforced without exception.	1	2	3	4	5	6	DA